PTO/SB/17 (06-07)
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FREE TRANSMITTAL   Filing Date   November 1, 2004   Total Calculation   November 2, 2004   Total Calculation   N	Effective on 12/0		Complete if Known					
FOR FY 2007  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) \$0.00 Attorney Docket No. 1599-0269PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Moncy Order None Other (please identify):  Deposit Account Deposit Account Name: O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Fee (s) indicated below, except for the filling fee  X Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  FEE (S) Small Entity  Fee (S) F	Fees pursuant to the Consolidated Appre	8). Application Nu	Application Number 10		10/510,514-Conf. #8899			
FOR FY 2007  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) \$0.00 Attorney Docket No. 1599-0269PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Moncy Order None Other (please identify):  Deposit Account Deposit Account Name: O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Fee (s) indicated below, except for the filling fee  X Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  FEE (S) Small Entity  Fee (S) F	FEE TRANS	Filing Date	Filing Date N		November 1, 2004			
Applicant claims small entity status. See 37 CFR 1.27   Art Unit 1625			First Named Inventor Ho		Hoon CHOI			
METHOD OF PAYMENT (check all that apply)	101112001		Examiner Name	Examiner Name		R. J. Balls		
METHOD OF PAYMENT (check all that apply)			Art Unit	7 00 01.10				
Check Credit Card Money Order None Other (please identify):    Deposit Account   Deposit Account Number   O2-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT	Attorney Docke	Attorney Docket No. 1599-0269PUS1					
Superist Account   Deposit Account Number: Q2-2448   Deposit Account Num	METHOD OF PAYMENT (chec	k all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check Credit Card	Money Order	None Other	(please iden	tify):			
Charge fee(s) indicated below	X Deposit Account Deposit Account	nt Number: 02-2448 Deposi	Account Name:	Birch, St	ewart, Kolasch	1 & Birch, I	LLP	
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   C	For the above-identified de	posit account, the Directo	or is hereby authoriz	ed to: (che	ck all that apply)	)		
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FEE CALCULATION	Charge any additiona	I fee(s) or underpayment	s of x Credi	t any overp	ayments			
Filling FEES   Small Entity   Fee (\$)   Fee								
Application Type		EXAMINATION FEES			···			
Design   200   100   100   500   250   200   1	F		SEARCH FEES	EXAMI	NATION FEES	;		
Utility	Application Type Fee					Fees	Paid (\$)	
Plant						<u> </u>	uiu (V)	
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Pree (\$) Fee Paid (\$)  Rejstant on an advantage exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x  Fee Shald (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Rejstration No. (Rattomey/Agent)  Replication No. (Rattomey/Agent)  Respiration No. (Rattomey/Agent)  Relephone (703) 205-8000	Design 200	) 100 1	00 50	130	65			
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Plant 200	) 100 3	00 150	160	80			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Back independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Pee Paid (\$)  Total Sheets  Extra Claims  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee	Reissue 300	) 150 5	00 250	600	300			
Fee Description   Fee (\$)   Fee (\$)	Provisional 200	) 100	0 0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  22 -21 = 1 x 50.00 = 50.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =   4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  SUBMITTED BY  Signature  Registration No. (Automey/Agent) 39,538 Telephone (703) 205-8000	2. EXCESS CLAIM FEES						Small Entity	
Each independent claims					Fee (\$)	Fee (\$)		
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  2	, , ,							
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Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 39,538 Telephone (703) 205-8000				,	·	Fees	Paid (\$)	
SUBMITTED BY Signature Registration No. (Attorney/Agent) 39,538 Telephone (703) 205-8000	Non-English Specification, \$1	30 fee (no small entity d	iscount)					
Signature (703) 205-8000 (Attorney/Agent) 39,538 Telephone (703) 205-8000	Other (e.g., late filing surcharge	):						
Signature (703) 205-8000 (Attorney/Agent) 39,538 Telephone (703) 205-8000	SUBMITTED BY							
(Allomay/Agent)		Q 6#42.874		39,538	Telephone	(703) 20	5-8000	
					Date			

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Docket No.: 1599-0269PUS1

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Hoon CHOI et al.

Application No.: 10/510,514

Confirmation No.: 8899

Filed: November 1, 2004

Art Unit: 1625

For: PROCESS FOR PREPARING ACID SALTS OF

Examiner: R. J. Balls

**GEMIFLOXACIN** 

## **REPLY UNDER 37 C.F.R. §1.111**

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In reply to the outstanding Office Action dated March 28, 2007, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

This Reply includes: An Amended Set of Claims; and

Remarks.

05/20/2007 CHOUNCH2 BOSODOS 622446 105:021